MDR: M4-03-8187-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/03/03.

I. DISPUTE

Whether there should be additional reimbursement for dates of service 10/07/02 through 11/08/02. The Carrier denied reimbursement as "H – Reimbursement is based upon half of the fee amount pending decision of audit or review. N-A peer review obtained by the carrier indicates that the documented services do not meet minimum fee guideline and/or the rules contained within the applicable AMA CPT/HCPCS Coding Guidelines.

II. RATIONALE

DOS	СРТ	BILLED	PAID	EOB Denial Code(s)	MAR\$	REFERENCE	RATIONALE:
10/07/02 6 hours	97545- WH- AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline
	97546- WH- AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
10/08/02 6 hours	97545- WH- AP	\$128.00 \$256.00	\$0.00	N N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline
	9/546- WH- AP	\$236.00	\$0.00	IN	per hr.	Same as above	and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
10/09/02 6 hours	97545- WH- AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline
	97546- WH- AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
10/10/02 6 hours	97545- WH- AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline
	97546- WH- AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
10/11/02 6 hours	97545- WH- AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline
	97546- WH- AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.

10/21/02	97545-	\$128.00	\$64.00	H, N	\$64.00	1996 MFG GR	In a letter to the Carrier dated 2/14/03,
8 hours	WH-			, ,	per hr.	(II)(C) and (E);	requesting reconsideration of payment,
	AP				-	CPT Code	the Requestor states they did not receive
						Descriptor;	notification within the 45 days
	97546-	\$384.00	\$192.00	H, N	\$64.00	Rule 133.302	requesting an on-site audit in accordance
	WH-				per hr.		with TWCC Rule 133.302. The
	AP					Same as above	Requestor submitted relevant medical
							documentation that supports the delivery
							of service as billed which meets the criteria of the Medical Fee Guideline
							and CPT code descriptor.
							Reimbursement is recommended in the
							amount of \$256.00.
10/22/02	97545-	\$128.00	\$64.00	H, N	\$64.00	1996 MFG GR	In a letter to the Carrier dated 2/14/03,
6 hours	WH-			ĺ	per hr.	(II)(C) and (E);	requesting reconsideration of payment,
according	AP					CPT Code	the Requestor states they did not receive
to						Descriptor;	notification within the 45 days
attendance	97546-	\$384.00 per	\$192.00	H, N	\$64.00	Rule 133.302	requesting an on-site audit in accordance
record.	WH- AP	Requestor's Table. Should			per hr.	Same as above	with TWCC Rule 133.302. The Requestor submitted relevant medical
	АГ	have been				Same as above	documentation that supports the delivery
		\$256.00					of service as billed which meets the
		according to					criteria of the Medical Fee Guideline
		documentation.					and CPT code descriptor.
							Documentation submitted by the
							Requestor indicates the injured worker
							to be in attendance for 6 hours but billed
							for 8. Reimbursement is recommended for 6 hours in the amount of \$128.00.
10/23/02	97545-	\$128.00	\$64.00	H, N	\$64.00	1996 MFG GR	In a letter to the Carrier dated 2/14/03,
4 hours	WH-	\$120.00	\$04.00	11, 11	per hr.	(II)(C) and (E);	requesting reconsideration of payment,
. nours	AP				per m.	CPT Code	the Requestor states they did not receive
						Descriptor;	notification within the 45 days
	97546-	\$128.00	\$64.00	H, N	\$64.00	Rule 133.302	requesting an on-site audit in accordance
	WH-				per hr.		with TWCC Rule 133.302. The
	AP					Same as above	Requestor submitted relevant medical
							documentation that supports the delivery of service as billed which meets the
							criteria of the Medical Fee Guideline
							and CPT code descriptor.
							Reimbursement is recommended in the
							amount of \$128.00.
10/24/02	97545-	\$128.00	\$64.00	H, N	\$64.00	1996 MFG GR	In a letter to the Carrier dated 2/14/03,
6 hours	WH-				per hr.	(II)(C) and (E);	requesting reconsideration of payment,
	AP					CPT Code	the Requestor states they did not receive
	97546-	\$256.00	\$128.00	H, N	\$64.00	Descriptor; Rule 133.302	notification within the 45 days requesting an on-site audit in accordance
	WH-	Ψ230.00	Ψ120.00	11, 11	per hr.	1010 133.302	with TWCC Rule 133.302. The
	AP				1, 41, 111,	Same as above	Requestor submitted relevant medical
							documentation that supports the delivery
							of service as billed which meets the
							criteria of the Medical Fee Guideline
							and CPT code descriptor.
							Reimbursement is recommended in the
							amount of \$192.00.

10/25/02 6 hours according	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive
to attendance record.	97546- WH- AP	\$384.00 per Requestor's Table. Should have been \$256.00 according to documentation.	\$192.00	H, N	\$64.00 per hr.	Descriptor; Rule 133.302 Same as above	requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Documentation submitted by the Requestor indicates the injured worker to be in attendance for 6 hours but billed for 8. Reimbursement is recommended for 6 hours in the amount of \$128.00.
10/28/02 8 hours	97545- WH- AP 97546- WH- AP	\$128.00 \$384.00	\$64.00 \$192.00	H, N H, N	\$64.00 per hr. \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302 Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
10/29/02 8 hours	97545- WH- AP 97546- WH- AP	\$128.00 \$384.00	\$64.00 \$192.00	H, N	\$64.00 per hr. \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302 Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
10/30/02 8 hours	97545- WH- AP 97546- WH- AP	\$128.00 \$384.00	\$64.00 \$192.00	H, N H, N	\$64.00 per hr. \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302 Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
10/31/02 4 hours	97545- WH- AP 97546- WH- AP	\$128.00 \$128.00	\$64.00 \$64.00	H, N	\$64.00 per hr. \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302 Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$128.00.

11/01/02 8 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor;	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days
	97546- WH- AP	\$384.00	\$192.00	H, N	\$64.00 per hr.	Rule 133.302 Same as above	requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/04/02 8 hours	97545- WH- AP 97546-	\$128.00 \$384.00	\$64.00 \$192.00	H, N H, N	\$64.00 per hr. \$64.00	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance
	WH- AP				per hr.	Same as above	with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/05/02 8 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor;	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days
	97546- WH- AP	\$384.00	\$192.00	H, N	\$64.00 per hr.	Rule 133.302 Same as above	requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/06/02 8 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor;	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days
	97546- WH- AP	\$384.00	\$192.00	H, N	\$64.00 per hr.	Rule 133.302 Same as above	requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/07/02 4 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor;	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days
	97546- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	Rule 133.302 Same as above	requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$128.00.

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11/08/02 6 hours	97545- WH- AP 97546-	\$128.00 \$256.00	\$64.00 \$128.00	H, N H, N	\$64.00 per hr. \$64.00	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance
	WH- AP				per hr.	Same as above	with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$192.00.
Totals		\$8,576.00	\$3,328.00				The Requestor is entitled to reimbursement in the amount of \$4,992.00 (\$8,576.00 billed - \$3,328.00 Carrier reimbursement = \$5,248.00 - \$256.00 overcharge = \$4,992.00).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is** or is not entitled to reimbursement for CPT codes 97545-WH-AP and 97546-WH-AP. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4,992.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 16th day of April 2004.

Pat DeVries Medical Dispute Resolution Officer Medical Review Division Roy Lewis, Supervisor Medical Dispute Resolution Medical Review Division

PD/pd